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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/821,809	04/08/2004	Suketu P. Sanghvi	P0453.70116US01

CONFIRMATION NO. 9063

Edward R. Gates
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, MA 02210

FORMALITIES LETTER



OC000000013074835

Date Mailed: 06/25/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 385 to complete the basic filing fee for a small entity.
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$7418** as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$7868** for a Small Entity

- **\$385** Statutory basic filing fee.
- **\$65** Late oath or declaration Surcharge.

08/31/2004 FFANAI2 00000067 232825 10821809

01 FC:2001	385.00 OP
02 FC:2051	65.00 OP
03 FC:2201	172.00 OP
04 FC:2202	813.50 OP
23.50 DA	

- Total additional claim fee(s) for this application is **\$7418**

- \$172 for 4 independent claims over 3.
- \$7101 for 789 total claims over 20.
- \$145 for multiple dependent claim surcharge.

Replies should be mailed to: Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

A copy of this notice MUST be returned with the reply.

MTB on
Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



DOCKET NO: P0453.70116US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sanghvi et al.
Serial No: 10/821,809
Confirmation No: 9063
Filed: April 8, 2004
For: COMBINATION THERAPY FOR CONSTIPATION

Examiner: Not Yet Assigned
Art Unit: 1614

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 25th day of August, 2004:


Zoran Zdravski

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

- ☒ Copy of Notice to File Missing Parts – Part 2
- ☒ Executed Declaration for Patent Application by Inventors
- ☒ Preliminary Amendment
- ☒ Fee Calculation Sheet (x2)
- ☒ Check for \$1435.50 (with authorization to charge \$23.50 to our deposit account)
- ☒ Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.

A check in the amount of \$1435.50 is enclosed. Please charge the extra amount of \$23.50 to our deposit account, Deposit Account No. 23/2825. If any additional fee is required, the balance may be charged or the excess may be credited to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,
Sanghvi et al., *Applicant*

By: 
Edward R. Gates, Reg. No. 31,616
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, Massachusetts 02210-2211
Telephone: (617) 646-8000

Docket No. P0453.70116US01

Date: August 25, 2004

X08/25/04X



Docket No.: P0453.70116US01

Inventor(s): Sanghvi et al.

Serial No.: 10/821,809

Confirmation No.: 9063

Filed: April 8, 2004

CHECK BOX, if applicable:

For: COMBINATION THERAPY FOR
CONSTIPATION

☐ DUPLICATE

Fee Calculation Sheet

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
	TOTAL CLAIMS (37 CFR 1.16(c))	113-20 =	93 x	\$ 18.00	= \$ 1,674.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	7-3 =	4 x	\$ 86.00	= \$ 344.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) +			\$ 290.00	= \$ 0.00
				BASIC FEE (37 CFR 1.16(a))	\$ 770.00
	Fee for Petition for Extension of Time (if any)				\$ 0.00
	Other Fees (if any)				\$ 130.00
			Total of above Calculations =		\$ 2,918.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28)				\$ 1,459.00
	Assignment Recordation Fee (if any)				\$ 0.00
	TOTAL =				\$ 1,459.00

1. A check in the amount of \$1,435.50 is enclosed.

General Authorization to Charge Deposit Account and General Request for Extension of Time

2. a. ☒ If the filing of any paper in this application necessitates the payment of a fee under 37 CFR §§ ☒ 1.16 or ☒ 1.17, and the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.
- b. ☐ The applicant hereby revokes any prior authorization to charge a fee due under 37 CFR §§ ☐ 1.16 ☐ 1.17 or ☐ 1.18.
3. If the filing of any paper in this application necessitates an extension of time under 37 CFR §1.136(a), the applicant hereby requests such extension of time. If the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.

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Docket No.: P0453.70116US01

Date: August 25, 2004